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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16041**

FILED MAY 1944
Registration District No. **15844**

Primary Registration District No. **6225**

Registrar's No. **79**

1. PLACE OF DEATH:
(a) County **Livingston**
(b) City or town **Mooreville**
(c) Name of hospital or institution: **Clark Hospital No 3**
(d) Length of stay: In hospital or institution **6 yr 1 mo 13 day**
In this community **1331** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Livingston**
(c) City or town **Mooreville**
(d) Street No. **108**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **GLENWOOD TOMLIN**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single**
6. (c) Age of husband or wife if alive **1911** years
7. Birth date of deceased **Oct 16 1911** (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **14** year **1944** hour **5:30** minute **PM**
21. I hereby certify that I attended the deceased from **Oct 1 1930** to **Apr 14 1944**
that I last saw him alive on **Apr 14 1944** and that death occurred on the date and hour stated above.
Immediate cause of death: **Pulmonary Tub = 6 yrs +**
arteriosclerosis, Bilis

8. AGE: Years **32** Months **5** Days **28** If less than one day hr. min.
9. Birthplace **Mooreville Mo** (City, town or country) (State or foreign country)
10. Usual occupation **Student**
11. Industry or business **Student**
12. Name **Glen Tomlin**
13. Birthplace **Mooreville Mo** (City, town or country) (State or foreign country)
14. Maiden name **Kate A Almon**
15. Birthplace **Warsaw Ohio** (City, town, or county) (State or foreign country)
16. (a) Informant **Glen Tomlin**
(b) Address **Hamilton Mo**
17. (a) **Removal** (b) Date thereof **Apr 14/44** (Month) (Day) (Year)
(c) Place: burial or cremation **Hamilton Mo**
18. (a) Signature of funeral director **Harry F. ...**
(b) Address **Nevada Mo**
19. (a) **4-15-44** (b) **Ray B. Burch** (Date received local registrar) (Registrar's signature)

Due to **1321**
Due to **1321**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **none**
Of autopsy **none**
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature **R. T. Hall** (M.D. or Corp.)
Address **Nevada Mo** Date signed **4/14/44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

44-559
5-3-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Mack A. Braswell

Licensed Embalmer No.

2529

P. O. Address

Nevada mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.